

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)**

<p>Full Name (Last, First, Middle Initial)  <b>A. Steve Escoboza</b></p> <p>Mailing Address 5575 Ruffin Road  Suite 225</p> <p>City San Diego State CA Zip Code 92123</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Hospital Association of San Diego and  Occupation President/CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 24 / 2014  <b>Transaction ID : INCA11679</b></p> <p>Amount of Each Receipt this Period  1500.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. David Hu</b></p> <p>Mailing Address 515 S Figueroa St</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Hospital Association of Southern Calif  Occupation Controller</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 24 / 2014  <b>Transaction ID : INCA11695</b></p> <p>Amount of Each Receipt this Period  300.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. James Plummer</b></p> <p>Mailing Address 11878 Avenue Of Industry</p> <p>City San Diego State CA Zip Code 92128</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Aurora Behavioral Health Care/San Dieg  Occupation Chief Executive Officer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 24 / 2014  <b>Transaction ID : INCA11712</b></p> <p>Amount of Each Receipt this Period  1500.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>3300.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		